This form complies with the statitory requirement set forth in IC 5-2-15-3. 9.02.68 Address: <u>93</u>276 3001/ Date: Aviller Ich 22f 4353/ Case #: County: Type of Laboratory Scizure (check anc) Seizure Location (check all that apply) Operational Lab Hotel/Motel Residence Chemical/Glassware/Equipment (only) Outbuilding. Open - No Structure Dumpsite (only) Vehicle Other Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) All items in vehicle Lithium/Ammonia Reaction(s): [] Red Phosphorous/Iodine Reaction(s): _ | Flammable Solvents: Vehicle Water Reactive Motal (Lithium): Anhydrous Ammonia: Vehicle Hydrochloric Acid Gas Generator(s): X Corrosive Acid: _ Veh : cl & Corrosive Base: Cther (item and location):____ Child under age 18 discovered (check one) Investigative Information Yes 2 (manaber present) Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Tr yes, fax report to Child Protective Services Other: This report is to be faxed to the following agencies that serve the togation: Fire Department: Kencley 110 Health Department: Aloble Child Protection Service: For further information regarding this methamphetamine laboratory, contact Investigating Officer: Chris Moclarity Phone MCSO Tots form is to be faxed to the tire Department, Health Department and/or Child Protective Services Department

*** This form is to be included with the case file, and a copy sent to the Chandestine Laboratory Fram Leader for retention.

listed within 24 hours of scene processing.

Indiana State Police Methamphetamine Laboratory Occurrence Report